

CHAPTER THREE

POLICY AND ORGANISATIONAL INITIATIVES: REGULATING AND MANAGING THE *DADAH* PROBLEM AFTER 1983

INTRODUCTION

There are no quick-fix answers for the *dadah* problem. It is multifaceted with no one specific modality that could completely lead to its prevention and control. Ideally, the *dadah* control and prevention policy needs to be based on scientific evidence and historical precedents. It must among others encompass: -

- The objectives and instruments for implementing the policy.
- The measures that prohibit the illicit manufacture and distribution of psychoactive substances.
- The steps to combat national or international illicit traffic in *dadah*.
- Data collection and reporting mechanisms.
- Information and education programmes.
- Legislating laws and their enforcement.
- Differentiating the role of the Government and the community.
- Inter-governmental co-operation.

This chapter discusses some of the organisational and operational changes, policies and laws that were initiated to control and prevent the spread of *dadah* in Malaysia between 1983-1994. It will also highlight the thinking behind these initiatives. Some reference will however be made to specific changes that had their roots before 1983.

ORGANISATIONAL CHANGES

The Cabinet Committee, in its meeting in late 1982, decided to propose to the government to view the *dadah* situation as a threat to national security. It also suggested that the policies, organisational structures and operational procedures be reviewed. The following discussion reviews the changes that have been made in the *dadah* prevention and control policy, the organisational and operational reorganisation and the strategies that were adopted to implement these changes. The reasoning and the motives behind these changes are also reviewed.

Redefinition of Policy

The Prime Minister, in his speech to launch the nation-wide anti *dadah* campaign in February 1983, said that the *dadah* situation in the country could no longer be viewed as a neighbourhood social problem. He told the nation that the use of *dadah* is no longer confined to a

particular substance such as opium, but it now includes heroin and other psychotropic substances. The *dadah* users too now cut across all communities and they are younger than the opium users of the colonial era. If the situation is allowed to continue it could be accompanied by an increase in crime that is often of a violent nature. It could also undermine the socio-economic structure of the Malaysian society (Khairuddin Ibrahim, 1986). Hence the *dadah* issue has to be viewed as a primary security concern.

There are several reasons behind the Government's decision to define *dadah* as a primary security concern. First, the community has to be made to feel that the problem is real and that it actually exists. More often than not the family and the immediate community remain unaware that there are *dadah* dependants among them until the situation becomes serious. Ordinarily, the community always reacts with alarm when an epidemic of any contagious disease breaks out. The community also responds collectively to issues that are seen to threaten its security and social well being. Similarly, the community has to be made to feel that it is under siege from *dadah* and that it has to react collectively to confront it (JKAD 1/83; 1983).

Secondly, by declaring the *dadah* problem as a primary security concern will enable the government to consolidate the resources of the government and the community into a concerted effort. This effort is

centralised and co-ordinated by the NSC of the Prime Minister's Department. It is the highest policy-making body on security-related issues. This organisation was set up following the racial riots of 13 May 1969. Over the years it has developed numerous infrastructures at the federal, state, and district levels to address any threatening situation (NSC, Directive No. 6, 1969). The NSC has, at its disposal, operation rooms that are equipped with hotlines to receive reports and direct the relevant agencies to act on the information. Centralising the effort under the auspices of a single agency would harness the vast experience of this organisation to enhance *dadah* prevention and control efforts.

Thirdly, there is the need to consolidate the inadequate funds for the *dadah* prevention and control effort. For example the Ministry of Welfare Services has acutely felt the lack of funds to successfully implement the treatment and rehabilitation programme (Low, 1985). The Ministry of Information, too, did not have sufficient funds for information campaigns (JKAD 1/83; 1983). On the other hand the security-related agencies, such as the NSC and the Ministry of Home Affairs, have special allocations that are used to implement development projects in security-sensitive areas. These funds can, to a certain extent, be diverted for use in *dadah* prevention and control efforts.

Organisational and Operational Reorganisation

The implementation mechanism for the management of *dadah* control and prevention efforts in Malaysia is the central government co-ordination committee. It has an inter-ministerial, inter-departmental, and inter-agency structure. Prior to 1983, *dadah* prevention and control efforts have been under a Cabinet Committee on *Dadah*, which was chaired by the Deputy Prime Minister. This Cabinet Committee did not have a specific organisation from which to operate effectively. To overcome this operational weakness the Anti *Dadah* Committee will be formed within the NSC in the Prime Minister's Department (NSC Directive No 13; 1983). For continuity, the Deputy Prime Minister, who is simultaneously the Minister of Home Affairs, will chair the Anti *Dadah* Committee. The functions of the committee are as in Appendix 1.

The Anti *Dadah* Committee has among its permanent members six Cabinet Ministers and eleven Heads of Departments from ministries and departments that are directly responsible for either demand reduction or the supply reduction aspects⁽¹⁾. This management approach is to enable all those involved directly in the *dadah* control and implementation effort to be aware of their roles and responsibilities and not wait for directives before action is taken on key issues. The Chairman can at his discretion and based on specific needs, increase or decrease the membership of the Anti *Dadah* Committee. For example, the Religious Affairs

Department was originally not a member of the Committee. With the increase in the number of Muslim *dadah* dependants detected, the Religious Affairs Department was included as a member in 1986 (JKAD 9/86; 1986) to assist the Committee to formulate strategies and programmes that would instil religious awareness about *dadah* and assist in the aftercare of *dadah* rehabilitatees. The creation of a centralised prevention and control implementation mechanism is significant as it enables key government organisations and personnel to initiate and move programmes at their respective levels quickly. Similar committees too were set-up at the state and district level. The political leaders and senior civil servants of the respective states head these committees.

An ADTF, which acts as the permanent secretariat, supports the Anti *Dadah* Committee. It is responsible for three main areas of action, that is, (i) implementation and co-ordination, (ii) development and maintenance of a *dadah* information system, and (iii) services and management. The ADTF is administratively part of the NSC but it is directly responsible to the Chairman of the Anti *Dadah* Committee (JKAD 1/83; 1983). See Appendix 2 and Appendix 3.

This reorganisation of the administrative structure, with the overall responsibility of managing the implementation of the *dadah* prevention and control effort being placed under the responsibility of a single agency is indeed unprecedented. Previously, the implementation agencies

worked independently and they were responsible to the Cabinet Committee on *Dadah* through their respective Ministers. With the reorganisation and the setting-up of the ADTF, a second level administrative structure was created to expedite implementation of policy.

An organisational restructuring will not make a difference if operational changes are not introduced simultaneously. The organisational restructuring is targeted at fostering greater co-ordination and implementation of policy in concert with the respective implementation agencies. The implementing agencies thus need to adapt to new models of working to implement the *dadah* prevention and control effort. What are these mechanisms that have been used to co-ordinate the prevention and control effort?

The NSC at first activated the anti *dadah* operations rooms at the federal, state, and district levels. These operations rooms serve two basic functions. Firstly, the members of the public, who had information on *dadah*, related activities such as its trafficking or use, can call the "hotline" number and provide information. The information is then relayed to the relevant agency for action. The operations rooms were initially manned for twenty-fours a day to receive information from the public on *dadah*-related activities. The number of reports received serves as an indicator of public response to the efforts of the Government to handle

the *dadah* situation and, indirectly, the community's involvement (Working Group Meeting No. 69; 1992).

Secondly, the operations rooms function as a planning and monitoring mechanism through the Operation Room Working Group. Planning, monitoring, and evaluating meetings are to be held every two weeks with all the implementing agencies present (Working Group Meeting No. 69, 1992). The relevant implementing agencies, which form the Working Group, are to account for all their activities and provide information on the progress of programmes and activities that have been designed for reducing the use of and trafficking in *dadah*. The information received from the implementing agencies and the community is charted and trends ascertained. If there is a shortfall in implementation, it is discussed and solutions found. The concept of the Operations Room hence provides a note of urgency to the need to implement *dadah* prevention and control programmes more effectively and expeditiously.

Smaller inter-agency working groups are formed from agencies to discuss specific issues related to enforcement, treatment and rehabilitation, preventive education and information, research, and legislation. These working groups are *ad hoc* in nature. The membership of the group varies according to the subject being discussed. The decisions of these working groups are presented to the Operations Room Working Group which, in turn, through the Anti *Dadah* Task Force

presents them to the Anti *Dadah* Committee (personal experience of the writer). This operational set-up may look quite bureaucratic, but the *dadah* prevention and control effort has so many facets that no one management body could possibly find and spend time to obtain a comprehensive picture of an issue at hand. Thus, the smaller working groups fulfil the need to discuss an issue comprehensively and provide appropriate suggestions for action to be taken.

There is also a third level of working groups. These are the intra-agency working groups formed to plan, implement, co-ordinate, monitor and evaluate *dadah* prevention and control programmes within the respective implementing agency. In some agencies, there is more than one division or unit that is responsible for its *dadah* prevention and control programmes. The divisions and units co-ordinate their efforts through the intra-agency working group so as to supplement and complement one another's efforts. For example, the Ministry of Education is a case in point (JKAD 10/87; 1987). There are no less than five divisions in the Ministry, which formulate and implement preventive education programmes. The Schools Division, which acts as, a secretariat for *dadah* prevention and control programme within the Ministry also plans and implements the co-curriculum component. The Curriculum Development Centre (CDC) develops guidelines to incorporate preventive *dadah* education into the classroom curriculum. The Teacher Training Division reviews and implements teacher-training

curriculum. The School Textbooks Division monitors the inclusion in textbooks of the curriculum guidelines that are designed by the CDC. The Educational Technology Division produces audio-visual materials to support the overall preventive education effort within the school system. Within each division, there may be more sub-components that need to be co-ordinated to contribute towards the development of the preventive education materials. Given such a massive outlay of diverse efforts the intra-departmental co-ordination mechanism is a useful instrument to co-ordinate *dadah* prevention and control programmes.

One of the weakest links in the development of *dadah* prevention and control policy is the non-availability of adequate data. *Dadah* use and trafficking is to a great extent a covert activity (Edwards and Arif, 1980). Realising the importance of data for adequate planning, the ADTF has created the National Anti *Dadah* Information System (NADI). This system became fully operational in 1988 and works on a Case Register System (JKAD 13/90; 1990). The system traces the separate records received on an individual from the reporting agencies and compiles them to read as a single record. The identity card number or/and the birth certificate number are important features of this system. Double counting is thus avoided. The system is able to provide information on the biodata of the individual, the type of *dadah* used, the frequency of use, history of involvement which includes duration of involvement, previous treatment and the place treated, and criminal records. The information collected

through the NADI system is important to meet the planning needs for *dadah* prevention and control programmes.

The magnitude and dimension of *dadah* use and trafficking in the country is not accurately known. This leads to a number of "guestimates" being made of the phenomenon. It is difficult to estimate the *dadah*-using population and trafficking in the substance. There is hence a need to have uniformity with regards to the statements made on the *dadah* situation and the prevention and control policy. The NSC Directive No.13 authorises only the Chairman of the Anti *Dadah* Committee, or the Secretary of the NSC, or the Director of the Anti *Dadah* Task Force to make statements with regards to the *dadah* situation or the prevention and control policy. This approach is to prevent confusion and inaccurate reflection on the *dadah* issues. There are also fewer inconsistencies in the dissemination of data and information on the programmes. Consequently, a less incongruent picture of *dadah* dependants would emerge.

The formalisation and communication of the Government's *dadah* prevention and control policy is an important feature for programme implementation and attaining agency co-operation. This effort is formalised by NSC through a directive named Directive No 13, which is signed by the Prime Minister. This Directive provides the mandate and authorisation for the Anti *Dadah* Committee to make policies and the Anti

Dadah Task Force to implement the decisions of the Committee. The Directive, detailing the roles and responsibilities of the implementing agencies, shows the hierarchy of the *dadah* prevention and control mechanisms at the federal, state, and district levels.

The other significant change in operational arrangements is the relocation of the treatment and rehabilitation programme from the Ministry of Welfare Services to the Ministry of Home Affairs. The treatment and rehabilitation programme that was introduced in 1976 continued to be plagued with problems such as the lack of physical facilities to treat *dadah* dependants, insufficient and inadequately trained counsellors, and limited financial resources. Since the inception of the programme only four treatment and rehabilitation centres with a capacity of approximately 1,000 places were made available to treat *dadah* dependants. In terms of manpower, there was only an increase of one officer at the policy-making level. No additional manpower was given to support the counselling programme either in the treatment centres or the supervision programme in the community (Low, 1985). Financial resources too were not forthcoming, as the primary objective of the Ministry of Welfare Services is to cater for the needs of the poor and the destitute. This situation thus prevented an adequate development of the treatment and rehabilitation programme.

To overcome the above shortcomings a new division named the Treatment and Rehabilitation Division was created within the Ministry of Home Affairs in May, 1983, to treat and rehabilitate *dadah* dependants (Mohd. Shariff Osman, 1990). The Ministry of Home Affairs has access to security installations that are no longer used for their original purpose. These can be refurbished to accommodate the increase in the number of *dadah* dependants. The Treatment and Rehabilitation Division will be able to better co-ordinate with the Police, an organisation within the Ministry of Home Affairs, to detain *dadah* dependants according to the number of places that were available at the treatment centres. The Division will also have access to funds that can be used to increase the number of treatment centres and to upgrade the existing ones. The manpower needs would continue to be met with officers seconded from the Ministry of Welfare Services.

Review of Strategies

With the reorganisation of the implementation machinery completed, the Anti *Dadah* Committee, at its third meeting held in March, 1984 directed the implementing agencies to prepare a comprehensive proposal on their individual needs to implement their respective anti *dadah* effort (JKAD3/84, 1984). There are a number of reasons for the directive. Firstly, the planning and implementation of *dadah* prevention and control activities has been left at the discretion of the various

implementing agencies. These agencies often strive to meet the goals of their own individual organisational objectives. As such, they make choices between the competing needs of their own programmes and those of a more comprehensive *dadah* prevention and control programme, often tending to neglect the latter.

Secondly, under the previous Cabinet Committee structure, the implementing agencies due to the lack of a comprehensive operational plan worked independently of one another. Their activities were reported from time-to-time to the relevant co-ordinating agency. There was no proper documentation of the agency's efforts which clearly showed the effectiveness or otherwise of its activities. There was a duplication of efforts as agencies were often unsure of what they were doing either individually or collaboratively. The scarce funds were often not optimally utilised. This *modus operandi* of the implementing agencies was revealed at a special meeting that was chaired by the Deputy Prime Minister (held in June 1984) to discuss the budgetary needs of these agencies. Despite the organisational restructuring following the NSC Directive No. 13, the financial requirements for the operational needs were requested individually by the implementing agencies (JKAD 5/84; 1984). This request contradicted the spirit of Directive No. 13, as it required the implementing agencies to draw up a *dadah* prevention and control programme that was collaborative in scope with the programmes and activities complementing and supplementing each other. This

confirmed the perception that *dadah* prevention and control activities were at best *ad hoc* efforts. The Chairman promptly directed the Anti *Dadah* Task Force to co-ordinate the preparation of the Action Plan through the Operation Room Working Group of the NSC.

Thirdly, the review of measures taken to control and prevent *dadah*-related activities suggests that the supply of *dadah* in Malaysia is an independent variable that does not have its origin in the country. The *dadah* is brought into the country from the production areas that are located in the neighbouring countries (Khairuddin Ibrahim, 1986). Even though the enforcement efforts have been gradually strengthened through the formulation of new laws and the tightening of the existing ones, the supply of *dadah* has remained unabated as observed in the increase in the number of new dependants and the trafficking of *dadah*. The cost of supporting an enforcement-oriented policy requires heavy fiscal and manpower support. There is then an urgent need to review and reformulate the existing enforcement oriented national policies requiring either a change in the present approaches or the reprioritisation of the existing policies.

The proposal will take the form of a five-year plan of action. The action plan will enable the implementing agencies to: -

- Prepare a detailed operational plan for *dadah* prevention and control.

- Determine their targets and goals and specify a time frame to attain them.
- Estimate the total cost for the *dadah* prevention and control effort.

The Action Plan was formulated through five working groups. The discussions focussed on the following areas (JKAD 3/84; 1984): -

- Policy and Strategy
- Law and enforcement
- Treatment and Rehabilitation, and data system
- Preventive education and information
- International co-operation

The effort was a challenge for the implementing agencies. They had to set aside their individual priorities and collaborate to formulate a concerted action plan. It was a challenge for the ADTF as well. This was its maiden effort at co-ordination of the overall collaborative effort. The acid test remains whether the Plan of Action would eventually become a reality or it would remain just a proposal paper.

The Sixth Meeting of the Anti *Dadah* Committee in January 1985 discussed the proposed Five-Year Plan of Action. The Plan retained the broad approach of demand reduction and supply reduction as its primary approach for the next five years. However, the policies were reprioritised. Firstly, where previously the policies were biased towards supply

reduction, they now reflect demand reduction as the focus for future activities (Appendix 6). The new strategy makes primary prevention its topmost priority, focusing on preventive education, community participation, and information dissemination as its main action areas. Enforcement, however, becomes a supportive activity. Secondly, the treatment and rehabilitation activities are to focus on early detection, institutional and non-institutional rehabilitation, and aftercare services. Thirdly, the human resource development and research programmes are to be stepped up to generate trained manpower and an increase in etiological knowledge. Fourthly, international co-operation is emphasised. And lastly, the co-ordination efforts at the federal, state, and district levels are earmarked as a major area of management concern.

The initial proposal to make the Five-Year Plan concurrent with the Fifth Malaysia Development Plan (1986-1990) was not agreed to by the Chairman of the Anti *Dadah* Committee. He directed that the Five -Year Plan of Action to be implemented immediately. The Fifth National Development Plan will only be implemented in 1986. This was too long to wait for (JKAD 6/85; 1985). There was concern that the use of and the trafficking in *dadah* will increase further. This concern did not warrant any further delay in the implementation of the identified programmes and activities. The implementing agencies were directed to begin discussions with the Central Agencies (the Treasury, Public Services Department and

the Economic Planning Unit) to find ways and means to implement the Action Plan. The ADTF will act as the co-ordinating mechanism between the implementing and the central agencies (JKAD 6/85, 1985).

LEGISLATIVE REFORM AND ENFORCEMENT STRATEGIES

Policy and Objectives

The *dadah* laws in Malaysia are considered to be one of the toughest in the world, both in content, and resolution to implement them. The formulation of these laws by the Attorney General's Chambers entails a careful study of contemporary issues, legislative needs, the consequences of the laws enacted both within the country and in its foreign application and the constitutional provisions. The laws are regularly reviewed and amendments are made when and where necessary to update them so as to conform to the needs of both the nation and the international community. The following discussion briefly states the enforcement objectives and reviews the process of legislative development on *dadah* prevention and control.

Malaysia has acceded to the three main Conventions of the United Nations (Working Group Meeting No. 69, 1992). These are:

- The Single Convention on Narcotic Drugs, 1961.
- The Convention of Psychotropic Substance 1971.

- The United Nations Convention Against Illicit Traffic in Narcotic Drugs and Psychotropic Substances, 1988.

The provisions contained in these Conventions guide Malaysia's *dadah* prevention and control laws. It is a requirement for all nations who have acceded to these conventions to make the necessary changes in their respective laws and implementation procedures reflect the provisions of the Conventions. Also in consonance with these conventions, the Malaysian legislative and enforcement objectives are guided by the principles of supply reduction (see note ① of Chapter One). Hence, the enforcement objectives identified under the Five-Year Plan of Action are as follows: -

- To prevent the entry of *dadah* into the country by intensifying enforcement efforts at the borders and entry points, and to upgrade the capability of the enforcement personnel.
- To reduce the supply of *dadah* by making it expensive, risky and dangerous to possess, sell, or use, through the legislation and enforcement of strict laws.
- To eradicate activities related to the processing and distribution of *dadah* within the country through improved information gathering techniques and co-operation with international agencies.
- To control the importation, storage, and use of *dadah*.
- To prevent *dadah* dependency by preventing *dadah* from reaching the users, and through compulsory treatment.

These objectives are also consonant with the needs of the country.

Malaysia is located in the proximity of *dadah*-producing countries. Its

good infrastructure system makes it a likely candidate to be developed into a transit centre. The *dadah* can be diverted for use in Malaysia. Hence, a tough policy that is rigorously pursued is needed to prevent the spread of *dadah* use and trafficking within the country (Khairuddin Ibrahim, 1986).

At the beginning of 1983, there were only two laws governing *dadah* prevention and control. These were the Dangerous Drugs Act, 1952 (previously known as the Dangerous Drugs Ordinance, 1952) and the Poisons Ordinance, 1952 (it is now known as the Poisons Act, 1952). In addition to these two laws, where there was insufficient documentary evidence to prosecute an individual, he was detained under the provisions of the Emergency (Public Order and Prevention of Crime) Ordinance, Ordinance No. 5 of 1969. Persons who are detained under this Ordinance can only be held for two years and subsequently placed under restricted residence. These sets of laws were found to be inadequate to address a number of enforcement issues. A set of or a single law that contained a broad range of actions was needed to effectively curb *dadah* trafficking.

The Attorney General's Chambers in 1983 at the request of the Anti *Dadah* Committee initiated a study to identify legislation that provided the enforcement agencies with a broad range of provisions to

act against *dadah* trafficking and its use. This study was to include the possibility of having a single law that will contain the following provisions:

1. General penal provisions relating to *dadah* and the general enforcement provisions.
2. Provisions to deal with the treatment and rehabilitation of *dadah* dependants.
3. Provisions empowering the detention without trial of persons suspected to be involved in *dadah* offences, but for which there is not sufficient evidence to charge them.
4. Provisions for the confiscation of property, assets and other ill-gotten gains from involvement in *dadah* trafficking.

The Attorney General's Chambers, after reviewing the existing laws, at the second sitting in of the Anti *Dadah* Committee made the following recommendations (JKAD 2/83; 1983).

- (a) With regards to (1) above, there is already an existing law in the form of the Dangerous Drugs Act, 1952 that contains the penal provisions prescribing the offences. It also contains fairly elaborate provisions for the control of the import and export of *dadah* as well as general provisions to enforce the penal provisions. These could be reviewed from time-to-time and streamlined.
- (b) With regards to (2), there is already in place a comprehensive Drug Dependants (Treatment and Rehabilitation) Act, 1983 that had come into force on 16 April 1983.
- (c) With regards to (3), there are no specific provisions to detain without trial persons suspected to be involved in *dadah*. The Emergency (Public Order and Prevention of Crime) Ordinance, 1969 has been used to detain such individuals. This Ordinance has its limitations as it only allows the detention of an individual for only two years. The Attorney General's Chambers recommended that the

Emergency Ordinance should not be amended. A separate law should be created to specifically detain *dadah* traffickers without trial. The law is to be time bound and used until such time as it was needed and would cease to be used after that.

- (d) With regards to (4), the Attorney General's Chambers was in the process of preparing a draft law. As this is a sensitive law, further clarifications are being sought on its various provisions.

Taking cognisance of the Constitutional provisions the Attorney General's Chambers advised the Anti *Dadah* Committee, that it was preferable to have separate laws to deal with the above mentioned situations. The laws pertaining to the general penal provisions and those relating to treatment and rehabilitation provisions could be passed by Parliament through its ordinary powers. Whereas the laws pertaining to detention without trial and the forfeiture of property required the use of the special provisions under Article 149(1)(f) ²¹ of the Federal Constitution. To justify the latter two laws, trafficking in *dadah* has to be presented as a threat by a substantial body of persons for an individual to be detained without trial.

The Anti *Dadah* Committee, after reviewing the recommendations of the Attorney General's Chambers, decided to have separate sets of laws to deal with the various issues that have been presented. As a consequence there are now four sets of laws in operation to control activities related to *dadah* trafficking. These are: -

- The Dangerous Drugs Act, 1952.

- The Poisons Act, 1952.
- The Dangerous Drugs (Forfeiture of Property) Act, 1988.
- The Dangerous Drugs (Special Preventive Measures) Act, 1985.

The above legislative developments can be summed up in the words of Justice Tan Sri Datuk Hashim Yeop A. Sani (1985) in his judgement delivered in the case of the Public Prosecutor versus Loo Choon Fatt: -

"It is common sense to say that behind these legislative exercises was the Government's realisation albeit gradual, of the problem of drug abuse in this country, the degenerating effect of the misuse of dangerous drugs and the attendant dangers it has posed to society itself. The amendments passed by Parliament therefore reflect public policy. It must be presumed that behind the public policy is the consideration of public interest".

Some of the more significant legislative developments are discussed as follows.

Prevention of Trafficking

There are three separate laws to prevent *dadah* trafficking. They are: -

- The Dangerous Drugs Act, 1952.
- The Dangerous Drugs (Forfeiture of Property) Act, 1988.
- The Dangerous Drugs (Special Preventive Measures) Act, 1985.

The main provisions of these laws are discussed below.

The Dangerous Drugs Act, 1952.

The principle law used to prevent trafficking of *dadah* is the Dangerous Drugs Act, 1952. This Act has over the years undergone a number of amendments to reflect the contemporary developments. Some of the more significant amendments are as follows: -

- Dangerous Drugs (Amendment) Act, 1975, for the first time, defined the terms "drug dependant" and "trafficking". The law was also made more stringent with the inclusion of a provision to provide for the death penalty, or life imprisonment and whipping (Section 39B).
- Dangerous Drugs (Amendment) Act, 1978 made three further amendments. The first amendment aims to expedite the cases by according the sessions Court President with the power to impose the necessary sentences under the Act except the death penalty. The second amendment dealt with the provisions related to the death penalty. These cases can only be tried in the High Court. The third amendment denies bail for the accused who is being tried for offences that exceed a jail term in excess of five years or that which carried the death penalty (ADTF, 1992).
- Dangerous Drugs (Amendment) Act, 1983 provides for two significant developments to the law. The first change fixes a lower amount of *dadah* that constitutes a presumption for trafficking. The Amendment in 1975 had determined that possession of 100 grams or more of heroin, or morphine or both was a presumption for trafficking. The amendment in 1983 further reduced the amount to 15 grams. The presumption for trafficking in raw opium was reduced from five kilograms to only one kilogram. Secondly, the death penalty was made mandatory for those who are charged as traffickers③.

Further amendments to this Act have been made to include punishment for the possession of other types of *dadah* that are not included in the original provisions. These include trafficking in coca leaves and cocaine. There is a high trafficking potential for this type of *dadah* in the country as there is a considerable amount of publicity through the media. There are now also provisions to provide for mandatory whipping for those found carrying quantities of certain type of *dadah* in excess of two grams, but, which is less than 15 grams.

The Dangerous Drugs (Forfeiture of Property) Act, 1988.

To further tighten regulations with regard to the trade in *dadah*, the Government has introduced a law to confiscate the property of *dadah* traffickers who have been convicted. One of the reasons why individuals and organisations continue to traffic *dadah* is the large monetary gain that can be derived. The income that is derived from the trade is quite substantial. Since there were no legal provisions to confiscate such wealth it could provide for the upkeep of the traffickers and families after they are caught and either imprisoned or sentenced to death. The Dangerous Drugs (Forfeiture of Property) Act, 1988, makes provision for the seizure and forfeiture of property that is acquired through an activity that is related to offences under this Act, the Dangerous Drugs Act 1952, or any foreign law that corresponds to these laws. The Act also has provisions for the Malaysian authorities to co-operate with their foreign

counterparts in relation to matters connected with *dadah*. . Any person who is charged under this law has to prove that the property is legally acquired and not through illegal means (Christine Lee Oi Kuan; 1993). The Act thus has wide-ranging applications. It can be used not only within the country, but it can also be applied through laws that are in place outside of Malaysia and are within the ambit of this Act

The proposal for this law has been discussed as early as 1983. The Government only sought approval for the Act after carefully weighing the merits for such a law and after making the necessary organisational changes to meet the challenges (JKAD 12/87; 1987). The Prime Minister when moving the motion of approval spoke at length on the unusually long time taken to table the Act. Some of the reservations that were highlighted include: -

- The difficulty in its enforcement;
- That it may not achieve its intended objective;
- Malaysia is an open economy. Funds can be transferred rapidly through its financial system. Efforts to trace and investigate these transactions are difficult.
- The penalty is heavy and may implicate innocent persons;
- There is a possibility of error in investigations that could lead to civil action against the Government; and
- The public criticisms may outweigh or negate its justification.

The key terms in this Act are defined as broadly as possible to cover as many possibilities. For example, in Section Two of the Act, an associate is not confined to only a person, but it includes any corporation, a trust, a partnership firm or corporation, a trustee, and even a person who is indebted to the person concerned. Similarly, in Section Seven a relative is defined to include not only immediate relatives but also those who have lineal ascendant or descendent relationship with the person concerned, including a similar relationship with immediate family members like brothers, sisters or spouse(s). Thus, the law aims to deprive the *dadah* trafficker from an action that could enable him to pass on his ill-gotten property to persons who are either related to him, employed by him, or associated with him.

Section 18 prescribes imprisonment or a fine or both against any individual who attempts to obstruct the investigations. Section 22(2) provides punishment for any individual who refuses to co-operate or does not want to receive any notice issued by the Public Prosecutor. Police Officers too have the authority to arrest without a warrant of arrest any individual whom they reasonably suspect to be committing an offence under this Act. This includes relatives as defined under Section Seven of the Act, or any person against whom the Public Prosecutor is expected to take out an order to forfeit his property.

The Dangerous Drugs (Special Preventive Measures) Act, 1985.

The third set of laws to prevent the trafficking of *dadah* is the Dangerous Drugs (Special Preventive Measures) Act, 1985. This legislation provides for the preventive detention of persons associated with any activity relating to or involving the trafficking in *dadah*. Trafficking in *dadah* is a highly organised and secretive operation. The enforcement agencies are constrained to get sufficient documentary evidence to prosecute some of the *dadah* traffickers. The Public Prosecutor will only proceed to prosecute of a case if there is a ninety per cent chance of a conviction (Working Group Meeting No. 69, 1992). This situation prompted the authorities to use the Emergency (Public Order and Prevention of Crime) Ordinance, 1969 to detain the traffickers. The Emergency Ordinance was enacted after the racial riots of 1969 to detain those individuals without trial who are deemed as a threat to public order. The *dadah* traffickers are classified as individuals who through their activities can disturb public order (JKAD 10/87, 1987).

A shortcoming of the Emergency Ordinance is that the individual can only be detained for a period of only two years. The *dadah* traffickers who were detained under this law were found to continue with their activities after their release (JKAD 2/83, 1983). A more comprehensive legislation was then needed to overcome this 'loop-hole' in the Emergency Ordinance. The Dangerous Drugs (Special Preventive

Measures) Act, 1985 was enacted to overcome this weakness of the Emergency Ordinance. This law enables the authorities to detain without trial for a period of two years such individuals against whom there is insufficient evidence to prosecute them. This term can be extended indefinitely, but each extension is only for a two-year duration. When the individual is eventually released, he would be placed under restricted residence for a further period of two years. The Dangerous Drugs (Special Preventive Measures) Act, 1985 thus provides the authorities with a leverage to deal with *dadah* traffickers.

The provisions of this law infringe Article Four of the Federal Constitution. Article Four provides for the freedom of movement of individuals. The enactment of a law that infringes this right of individual freedom could evoke public criticism, both domestically and internationally. Hence, public support for such a law is an important variable. To obtain the community support, a Parliamentary Select Committee Chaired by Dato' Radzi Sheikh Ahmad, the then Deputy Minister of Home Affairs and including (Dato') Lee Lam Thye [then an opposition Member of Parliament from the Democratic Action Party (DAP)] as one of its members was formed. It then held meetings throughout the country to seek views of individuals, community groups, and professional organisations. The findings of the Select Committee were then presented to Parliament. Taking note of the findings of the Select Committee Parliament agreed with its proposal that this law would

be for a five-year duration. After the expiry of this period, the Act has to be presented again to Parliament for an extension. This is a "sunset law" that would lapse once the Government determines *dadah* traffickers no longer pose a threat to public order.

In summary, it can be seen that the policy with respect to the legislative aspects is to make the use and the availability of *dadah* risky for those involved. This conforms to the legal model that seeks to use rules and laws to prevent and control *dadah* use. By enacting and implementing tough laws it is hoped that a sufficient deterrent effect can be created in the community to prevent certain individuals to desist from being involved in the trade or to use *dadah*.

Regulating Medical Use of Drugs and Precursors

The medical use of drugs and precursors are regulated through the Poisons Act, 1952 (previously known as the Poisons Ordinance, 1952). This law regulates the importation, possession, manufacture, compounding, storage, transport, sale, and use of poisons. The Poisons Act also regulates the use of drugs that do not appear under the First Schedule of the Dangerous Drugs Act, 1952. The types of poisons that fall under this Act include substances used for industry, medicine and agriculture. Some substances are classified as psychotropic substances. They can only be obtained through a prescription from a medical

practitioner, veterinarian, or a dentist. Under this Act only registered pharmacists and doctors are allowed to sell these substances.

The Poisons Act, 1952 also includes provisions to control acetylating substances such as acetic anhydride, acetyl chloride, and acetyl bromide. These chemicals are essential in the processing of heroin from morphine. The annual reports of the International Narcotics Control Board have consistently stated that syndicates use Malaysia as a transit country for acetylating substances. The traffic of such substances has to be stopped. Under Section 14 of this Act, anyone found in possession of these chemicals without a licence when found guilty of the act can be sentenced to prison for a duration of three to fourteen years and whipped six times.

Section 30 has been added to the Act in 1988 to control the import, and export, manufacture, sale, and movement, of psychotropic substances. This section defines what psychotropic substances are (that is, substances contained in the Third Schedule of the Dangerous Drugs Act, 1952) and what constitutes an offence of possession. On conviction a fine not exceeding ringgit ten thousand or a term of imprisonment not exceeding four years or both can be imposed on an individual.

The procedures for the importation, export, and transit of psychotropic substances; sale; permits to purchase, administration,

dispensing, compounding, mixing, and manufacture; maintenance of registers, storage and disposal; labelling; and powers of the Minister to make prohibition orders are found in the Poisons (Psychotropic Substances) Regulations, 1989. This subsidiary legislation provides the operational base to the Poisons, Act, 1952.

TREATMENT AND REHABILITATION

There is no one single effective approach for treatment and rehabilitation of *dadah* dependants. In Malaysia, the private centres follow the TC model whereas the government centres use the "tough and rugged" approach that combines elements of the TC model and enforcement of strict military style discipline. Other private programmes use the religious approach or follow a traditional modality. The following discussion reviews the treatment and rehabilitation programme in Malaysia.

Policy Development

The government treatment and rehabilitation that began in 1976 initially used methods that included strategies borrowed from the therapeutic community (Low, 1985). As the number of inmates at the centres began to increase, the limited resources could not cope with them. There was a lack of discipline among the inmates and it eventually

resulted in rioting in one of the centres (Cabinet Committee, 1982). To overcome this problem the Ministry of Welfare Services proposed that a military type of training would be introduced to instil discipline among the inmates (Utusan Malaysia, 29/1/1982). In this regard personnel from the Malaysian Armed Forces will be seconded to the centres as instructors. The counselling programmes will be continued.

In line with the security approach announced in 1983, the responsibility of the treatment and rehabilitation programmes was transferred from the Ministry of Welfare Services to the Ministry of Home Affairs - the agency that is responsible for matters related to internal security and public order. A Treatment and Rehabilitation Division was formed within the Ministry for this purpose. The main responsibilities of the new division are as follows (Cabinet Committee, 1983): -

- Isolate as many *dadah* dependants as possible from the community for treatment and rehabilitation so as to enable them to function as productive members of society and prevent continued dependency on *dadah*. This will also reduce the risk of contamination of new *dadah* dependants and demand for the substance by the current dependants;
- Organise a crash programme to identify and convert any unutilised police or military camps or any other unutilised government facility as rehabilitation centres.
- Adopt "the tough and rugged" approach in treatment and rehabilitation. Paramilitary style of training is to be introduced to develop discipline and physical well being and compliance with the rehabilitation programme.
- Promote self-respect and a sense of personal responsibility among *dadah* dependants.

Legislative Development

As a first step, the legal provisions pertaining to the treatment and rehabilitation of *dadah* dependants found in the Dangerous Drugs Act, 1952 were consolidated into a new Act, known as the Drug Dependants (Treatment and Rehabilitation) Act, 1983. This Act effectively separates the law enforcement function to interdict *dadah* and the treatment and rehabilitation of *dadah* dependants. The separation of functions enables the Police to use their resources to focus their efforts on preventing the supply of *dadah* through the apprehension of traffickers.

Some of the salient features of the Drug Dependants (Treatment and Rehabilitation) Act, 1983 are as follows: -

- It defines what a *dadah* dependant is, what constitutes a reasonable suspicion, and prescribes tests that are necessary to determine a *dadah* dependant;
- It defines who are the treatment and rehabilitation officers.
- The period of institutional treatment is lengthened from six months to two years [Sections 6(1)(a), 8(3)(3) and 9(2)]. The number of relapse cases has been progressively increasing, indicating that a six-month treatment programme is insufficient for a meaningful psychosocial intervention to take place. Research at the TC modalities in the United States shows that a longer period of stay at a treatment and rehabilitation centre increases the possibility of delaying relapse of the *dadah* dependant (De Leon in NIDA Monograph 144, 1994).
- *Dadah* dependants who are discharged from centres after a two-year stay are to further undergo an aftercare supervision programme for two years (Section 13). Those

who relapse can be ordered to undergo another round of institutional treatment and rehabilitation for a further period of six months [Section 14(1)].

- The duration of supervision of *dadah* dependants, who do not require institutional treatment, is revised from a period of two years to three years.
- The Board of Visitors of the Treatment and Rehabilitation Centre can now only discharge an inmate after a minimum stay of 12 months and not after four months as done previously.
- It restored the jurisdiction over *dadah* dependants seeking treatment voluntarily to the Rehabilitation Officers (Section 8 and Section 9). This is to allow for more voluntary cases to come forward for treatment especially from among those who are gainfully employed and socially functional.
- All voluntary cases are required to execute a bond with at least one surety. This is to compel the *dadah* dependant to abide by the terms and conditions that have been imposed. It will further ensure that there will be other people who, together with the treatment and rehabilitation officer, will provide moral support and care and keep close tabs on the activities of the rehabilitatee.
- *Dadah* dependants who seek treatment voluntarily are exempted from the provisions that are prescribed under Section 19 and 20 of the Act.
- Provisions are also included for the treatment and rehabilitation of minors. They will undergo treatment separately so as not to allow them to mix with the older addicts. This provision has been infrequently used.

The Act prescribes two categories of programmes. These are the institutional and non-institutional programmes. These programmes are either government run or operated by non-governmental organisations.

The Institutional Programme

The institution-based programme has two administrative structures. A civilian officer heads the *Dadah* Rehabilitation Centre. The One-Stop Rehabilitation Centre has as its head a military officer who is referred to as the Commandant. The treatment modality however is the same for both types of centres. The separate administrative structure is to act as a comparison to gauge the effect of a civilian and military type of administration modality has on the treatment of the inmates in the centres (Mohd.Shariff Osman, 1990).

The concept of the one-stop centre has its origins as a consequence of the authorities grappling with a number of problems associated with the process to apprehend *dadah* dependants and commit them to a treatment and rehabilitation programme. The normal course of action is for the Police to apprehend the *dadah* dependant and hold him at the Police Station lock-up. He is then produced before a magistrate to obtain a detention order. The detainee then undergoes tests to determine whether he is a *dadah* dependant. He is returned to the Police Station to await the results of the tests. After the results are received, the positive cases are referred to the Treatment and Rehabilitation Officer. A case file documenting the biopdata and the history of *dadah* use is then compiled. He is once again taken to the Magistrate's Court to obtain an

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order to commit the *dadah* dependant to a treatment programme. The whole procedure is often tedious and time-consuming.

In considering the various problems that have been described above, the Cabinet Committee on *Dadah* decided, in July 1982, that the Ministry of Welfare Services establish a one-stop centre to deal with the various stages of the commitment of a *dadah* dependant to a treatment programme. The new approach would simplify the procedure to detain, test, and to obtain the committal order by housing it in one place. To implement this approach facilities are to be made available at the centre to test urine samples. A doctor will perform the clinical observations. A room will be designated for the use of the Magistrate who would then routinely issue the committal order. With such an approach, the tedious processes encountered previously can be overcome. The first centre to practice this modality, the Tampin One-Stop Centre, began taking inmates in 1983(JKAD 2/83, 1983).

Another feature included into the revised treatment and rehabilitation programme is to inculcate discipline amongst the inmates. This is to demolish the inmate's impression that he is having a "holiday" while at the centre. The decision to have the "military style" discipline was made by the Cabinet Committee in October 1981. The modality was formally introduced when the Tampin One-Stop Centre began operations in 1983. The inmates are required to participate in military-style drills,

physical exercises, cross-country runs, and outdoor games (Mohd. Shariff Osman, 1990). *By instilling discipline it is anticipated that some of the problems associated with absenteeism from social and vocational activities, feigning sickness, lack of respect for officers and staff, failure to conform to rules and regulations, and organising strikes, violence, and other negative behaviour can be reduced.*

The treatment and rehabilitation programme is now phased over a two-year period. There are four phases with each phase lasting approximately four months. All new inmates in Phase One wear red shirts. This is the beginning stage of the treatment programme. The focus is to rebuild the inmate physically and develop psychological awareness. He is put through a rigorous physical programme for this purpose. Yellow coloured shirts worn by the inmates identify the second phase. At this stage, the inmates spend less time doing physical exercise, but correspondingly, they are given additional time for vocational pursuits. The green shirts worn identify the third phase. There is further reduction in time spent on physical exercises and time for vocational activities is increased. The final phase will see the inmates dressed in white shirts. A summary of the daily schedule of activities during the stay in the centres is found in Table 3.1.

TABLE 3.1: Schedule of Activities at the One-Stop Rehabilitation Centre

| Activity Phase | Counselling | | Religious & Moral; Education & Civic | | Physical Exercise | | Vocational Training | |
|---------------------|-------------|----|---|----|-------------------|----|---------------------|----|
| | Minutes | % | Minutes | % | Minutes | % | Minutes | % |
| Phase One (Red) | 130 | 36 | 85 | 23 | 120 | 33 | 30 | 8 |
| Phase Two (Yellow) | 110 | 30 | 60 | 16 | 60 | 16 | 135 | 36 |
| Phase Three (Green) | 60 | 16 | 60 | 16 | 45 | 13 | 200 | 55 |
| Phase Four (White) | 30 | 8 | 30 | 8 | 15 | 4 | 290 | 80 |

Source: Treatment & Rehabilitation Division, Ministry of Home Affairs (1990)

The total time spent for therapeutic purpose is 365 minutes per person per day. The inmate spends another 655 minutes per day on housekeeping details such as roll call, prayer, cleaning the dormitory and the bath and toilet areas, meals, and recreation. Thus, on an average day, the inmate is active for 1,020 minutes.

At the first meeting of the Anti *Dadah* Committee chaired by the Prime Minister (the Committee was previously chaired by the Deputy Prime Minister), he observed that the costs to upkeep the centres are high (JKAD 9/86, 1986). It costs an average of RM 350/- per month to support each inmate in a centre (JKAD 5/84, 1984). This cost does not include other expenditures such as the salaries of the officers and

development costs to expand the centres. The government with its development priorities will be in no position to indefinitely pay for their upkeep. Under these circumstances the treatment and rehabilitation centres need to work towards becoming self-sufficient. The inmates need to contribute towards their own upkeep. The concept of "self-sufficiency" will encompass all aspects of the upkeep of the centre, including food production, daily necessities other than food, and the maintenance of the premises (JKAD 9/86; 1986). All treatment centres that have extra land, or, are close to abandoned agricultural areas are encouraged to embark on agricultural and animal husbandry projects. Centres that do not have extra land can explore the possibility of contracting work with factories, especially in areas related to packaging and cottage industry such as souvenir making. The money generated from these economic activities will be kept in an account that is to be maintained by the Board of Visitors. These funds will be used to meet the daily needs of the centres.

The inmates who are involved in the economic activities will also be occupied with a productive activity. They will have little idle time on their hands. The main drawback of this model is that it requires more manpower to supervise the inmates especially those that are employed in sites outside the centres.

Non-Institutional Programme

All inmates, who successfully complete the treatment and rehabilitation programme upon their release, are required to undergo a further two years of aftercare supervision. Some of them are still unsure of themselves as to whether they can cope with the lifestyle outside of the centre. Others may be afraid of rejection by the community. These inmates need to spend sometime at a "half-way house" which will facilitate their gradual return or reintegration into society (Mohd. Shariff Osman, 1990).

Due to constraints of space at the treatment and rehabilitation centres the halfway houses are also used as pre-release centres for inmates who are already in fourth phase of the institutional treatment programme. This helps to create places to enable new inmates to be taken into the institutional programme. At the aftercare centre, these inmates can practise numerous coping and social skills by working during the day in such activities as petty trading, catering services, and contracting jobs with the local authorities. The inmates are also encouraged to participate in community work in their vicinity of the half-way houses so as to regain the trust of the community and in the ensuing process regain their own confidence to rejoin society.

Not all of the inmates who are released from the treatment and rehabilitation centres are admitted to a halfway house. The majority of them are placed under the supervision of a Rehabilitation Officer.

Some of the *dadah* dependants however are enrolled directly into a non-institutional supervision programme of two to three years. *Dadah* dependants who are gainfully employed, staying with their families, and are generally deemed to be at an early stage of *dadah* use are the preferred participants of this programme. They are required to meet with the Rehabilitation Officer once a week. A urine sample is taken and some counselling is done. The Rehabilitation Officer, where necessary, makes surprise visits to the place of work to check whether the supervision rules are being followed. Family counselling is conducted when necessary (Mohd. Shariff Osman, 1990).

Other Treatment Modalities

Treatment and rehabilitation is not wholly confined to the Treatment and Rehabilitation Division of the Ministry of Home Affairs. There are also non-Government organisations that complement the efforts of the Treatment and Rehabilitation Division. The Government is aware that no one treatment and rehabilitation modality is suitable for all *dadah* dependants. It encourages the community to complement the government effort by setting up private rehabilitation centres. These

treatment and rehabilitation centres use a variety of approaches such as traditional medication and other non-conventional practices advocated by traditional healers, religious practices, and the therapeutic community. Examples of such centres include Pusat Pertolongan at Batu Gajah, which follows a TC modality while the Pusat INABAH in Kedah uses Islamic religious practices. Several other centres that are sponsored by the church funded Malaysia Care Organisation such as the Odyssey House use a combination of religious and TC type activities in their programmes (Raymond Lee, 1986).

In conclusion it can be observed that the treatment and rehabilitation programmes whether they are practised by the Government or through non-governmental organisations lack a clear theoretical background. The programme borrows approaches from a number of modalities. The results of this eclectic approach is thus mixed (ADTF, 1995).

PREVENTIVE EDUCATION AND COMMUNITY INFORMATION PROGRAMMES

The preventive education and community information programme forms the main thrust of the primary prevention strategy. The programme is a long-term strategy to insulate the individual from getting involved with *dadah*. Preventive education and community information activities aim at developing internal discipline to resist the temptation to use *dadah*. The

discipline is to be achieved through a carefully designed education and information programme (Khairuddin Ibrahim; 1986).

The primary prevention programme component of the Five-Year Action Plan (JKAD 6/85, 1985) has five objectives. These are: -

- To encourage the younger generation to resist the lure to use *dadah*.
- To change the perception and attitude of society towards *dadah* by highlighting the problem and moulding public opinion against it.
- To provide meaningful alternatives to young people as an outlet for leisure.
- To create an abhorrence for *dadah*.
- To get community involvement in *dadah* prevention and control efforts.

From the above objectives it can be concluded that the primary prevention is aimed at creating an environment in which the individual is able to stay free of *dadah*. The objectives require the involvement of the whole community to be realised (JKAD 6/85, 1985).

The preventive education programme is undertaken through the school-based and community based programmes. The school-based programme has three components namely curriculum development, co-curricular activities, and teacher education. The community based programme uses a milieu of activities that are highlighted through the print and electronic media. The activities seek to mould the community

attitude to actively participate in the prevention effort. The main components of the preventive education and information programme are discussed below.

School-Based Programmes

The preventive education efforts in school involve development of the curriculum, co-curricular activities, and teacher education. In the early 1980's, the Ministry of Education started the process of reviewing and revising the school curriculum. This exercise to update the curriculum is to meet the future needs of the country. This effort provided the opportunity to include elements of preventive *dadah* education into the new curriculum (ADTF (w) JKAD10/87,1987).

One of the tasks incorporated in this exercise is to develop *dadah* prevention and control curriculum. This responsibility was entrusted with the Curriculum Development Centre (CDC) of the Ministry of Education (ADTF (w) in JKAD 10/87; 1987). The CDC is the lead agency within the Ministry that formulates the broad principles of the education policy in Malaysia. It also prepares guidebooks to enable the other units within the Ministry to translate the broad policy principles into practical programmes and activities.

The CDC proposed a two-prong approach to include *dadah* prevention education into the classroom curriculum. The short-term

approach will incorporate elements of preventive *dadah* education into specific subjects such as religious knowledge, moral education, civics and national studies, language studies and health sciences. These subjects are commonly taught to all the students. As such, it will not require much effort on the part of the school authorities to initiate the prevention programme.

The long-term strategy will assimilate *dadah* prevention education into a wide range of subjects. It will include providing skills training in the living-skills module that are to be introduced as a new subject. The knowledge and the skills will be systematically and gradually upgraded to enable the student to acquire a wide repertoire of ways to resist the *dadah* trap.

The CDC will also develop guidebooks that will be used in orientation sessions to familiarise the academic staff of schools on the teaching methodology for preventive *dadah* education. The academic staff after going through this orientation programme will have the capability of deploying a number of media to present the subject. This will include the effective use of audio-visual materials.

However the school-based programme that garners the most effort is the co-curricular programme. The co-curricular activities enable the participating students to acquire and practise social skills. These

activities complement the knowledge acquired through the classroom lessons. Realising the importance of co-curricular activities, the Ministry of Education in 1984 made it compulsory for all students to participate in at least two of the three groups of co-curricular activities. These are uniformed organisations, school societies and clubs, and sports (ADTF (w) in JKAD 10/87; 1987). The social skills acquired help the students to involve themselves in some form of community work, and most importantly, to encourage them to use the free time in the pursuit of meaningful and healthy activities.

In addition to the above-mentioned common co-curricular activities, there are a number of other co-curricular activities that target specific groups of school children. These include students who are not at risk of getting involved with *dadah* and have leadership potential, students who have difficulty coping with school work, have disciplinary problems, and are generally at risk of being drawn into using *dadah*. The activities are motivational in nature and use counselling and team building sessions as their primary approach. A sample of these co-curricular activities includes the Anti *Dadah* Badge Scheme, self-achievement camps, and BE ACTIVE: Stay Free From *Dadah* (JKAD 10/87; 1987).

The tough stance of the government to prevent and control the spread of *dadah* in the country is also evident through the introduction of

urine screening programme in schools (JKAD 10/87; 1987). The philosophy behind the introduction of urine screening in schools is based on prevention rather than seeking for a cure after the use of *dadah* has manifested itself. The urine-screening programme alerts the students that the school authorities are indeed concerned about *dadah* use. They will not hesitate to detect the users and take corrective measures. The programme is to deter students from either using *dadah* or associating themselves with those who use or/and traffic in *dadah*. This also is consonant with the objective of early detection as stated in the Five-Year Action Plan.

The main targets of the programme are students who have disciplinary problems or who are suspected of being involved in negative activities. These urine tests are done with care and confidentiality. This includes selecting students at random for the test. After a student has been tested positive and is clinically determined to use *dadah*, the parents and the school authorities work together to help the student overcome the *dadah*-taking behaviour. The record shows that the programme has been effective as the number of students identified as *dadah* users through this programme has been low at approximately 0.6 percent of the total student population of four million (JKAD 14/94; 1994).

The school-based preventive education programme has to be supported by qualified teachers. The need to have a sufficient level of

knowledge and experience to understand what *dadah* is, its effect and consequences; the measures that have been devised to cope with *dadah*-related issues and problems; and strategies to fortify or to reduce students' vulnerability to *dadah*. The Teacher Training curriculum which was revised in 1986 now incorporates a one-week module on *dadah* prevention education for all trainee teachers (JKAD 10/87; 1987). This module is to provide the trainee teachers with a working knowledge of preventive education on *dadah* and to obtain first-hand knowledge of the different ways to handle the *dadah* cases should they occur in their schools.

In conclusion it is observed that a broad area of action has been identified for school-based programmes. It covers both the classroom and out of the classroom components.

Community Awareness/Action Programmes

A major policy initiative identified in the Five-Year Plan of Action is to increase community participation to control and prevent the further spread of the use of and the trafficking in *dadah*. Until 1983, only PEMADAM and a handful of other non-governmental organisations have been active in the community (ADTF (a) in JKAD 2/83, 1983). The problem of the use of and trafficking in *dadah* manifests itself in the community in various forms, including *dadah*-related crime, teenage

runaways, and other social ills. It is therefore believed that the community is generally aware of the nature of the *dadah* problem and is thus in a better position to organise a variety of community resources to effect its prevention and control (ADTF (q) in JKAD 10/87; 1987).

The first initiative, taken by Dato' Musa Hitam the Deputy Prime Minister, was to have a dialogue with the Chief Executive Officers of the private sector. He called upon the private sector to actively participate in and assist the Government's efforts to control the spread of *dadah* use (Dato' Musa Hitam; 1983). The private sector employs approximately 45 percent of the working population. It thus represents a big pool of potential targets for both *dadah* use as well as prevention programmes. He called upon the private sector to finance prevention and treatment programmes by keeping aside a certain amount of money from their annual budgets. The funds will help sponsor among other activities the printing of pamphlets and posters, the erection of billboards at strategic locations and school-level co-curricular activities.

Later, guidelines were formulated for use by parents (ADTF (l) in JKAD 10/87; 1987), professional bodies and organisations (ADTF (a) in JKAD 2/83; 1983; ADTF (d) in JKAD 3/84; 1984), and employees (ADTF, 1988) as to how they could assist in the *dadah* prevention and control effort. The guidelines provide the community with the knowledge and

information on how it can implement programmes within its respective spheres of influence.

An evaluation by the Anti *Dadah* Task Force in late 1986 of the *dadah* control and prevention efforts under the Five-Year Action Plan highlighted the lack of community involvement despite the various initiatives taken and guidelines that had been implemented. As a consequence, the *dadah* prevention and control efforts were not returning the anticipated results (JKAD 10/87; 1987).

Following this evaluation a proposal to initiate a project at the grassroots level was presented to the Anti *Dadah* Committee for approval at its tenth meeting in January 1987(ADTF (q) in JKAD 10/87, 1987). This project referred to as the Comprehensive and Integrated Project towards *Dadah* Prevention and Control (CIP) drew inspiration from the concept of declaring areas as white and black depending on *dadah* use and trafficking. The CIP has the following objectives: -

- To encourage members of the community to play a significant role in *dadah* prevention and control.
- To consolidate and integrate local resources with greater efficiency to control the use of and traffic in *dadah*.
- To develop and foster co-operation between the Government agencies, the community, and the community-based organisations.
- To create and extend drug free areas.

The CIP lists three components to induce co-operation between the respective implementing groups and the development of independence in initiating and implementing *dadah* control programmes in the community. The first stage is planning. An area is to be selected through the joint effort of the District and State Security Committees. The information about *dadah* related activities are gathered from the enforcement agencies and community leaders. A profile of the area is then prepared. This includes (i) the size of the area; (ii) number of *dadah* dependants that have already been identified or are suspected; (iii) *dadah*-related crime; (iv) available community resources (financial and physical); and (v) the motivation level of the community.

The second stage, the implementation stage, begins with enforcement efforts to ferret out suspected addicts and pushers. The arrests of *dadah* traffickers and dependants create an impact in the minds of the community that action is being taken by the authorities. The operations phase is quickly followed by information and knowledge-based activities. The community is shown how to plan and implement community-based programmes. Where necessary, specific community groups are created to assist in implementing community-based programmes. The entire effort is contingent upon the motivation of the local community leaders and the community.

In the third stage, the Government agencies gradually begin to downplay their role. They begin to push for more direct community participation. As the community gradually begins to show greater confidence in its actions, the government agencies withdraw and let the community take charge of their programme. Just like the second stage this stage too is dependant on the level of confidence among the community to play a key role at the grassroots level of prevention.

Information Programmes

The information programmes are to inculcate awareness in the general population on the *dadah* situation in the country. The programme simply imparts factual knowledge utilising a range of mass media. For example, a youth oriented message is not only seen by this target audience, but also the general community. It is a fairly limited process as it focuses on providing information about *dadah* and its harmful effects. More specifically, the mass media provides coverage on all *dadah* enforcement-related activities, new and repeat arrests, amount of *dadah* seized, and sentences imposed on those caught and prosecuted. The media at a specific level educates the community of their role (UM 30/1/84; NST 27/6/84; BH 29/8/84 are some examples). The community is exhorted to monitor the activities of their children. They are requested not to isolate *dadah* dependants and look with disdain at them.

Other forms of media such as posters, leaflets and billboard are to complement the electronic and print media. The latter are strategically located on highways, roads, and entry points into the country to forewarn locals and visitors on the consequences of trafficking *dadah* in the country. With the passage of time however, the initial "hard-sell" tactics are now tempered with "soft-sell" tactics, emphasising family values, sporting events, and healthy lifestyles (ADTF (aa), 1995).

CONCLUSION

From the above discussion, it is observed that the government has made and implemented numerous policy and organisational initiatives. These efforts are complemented by non-government and community-based organisations. The effort to orchestrate the fragmented activities at all levels of administration and community involvement has been commendable. The effort has brought together various agencies through the Anti *Dadah* Committee and other organisational mechanisms working as support teams at the community, district, state, and federal levels to theoretically provide a strong infrastructure that can support and abet the effective control over *dadah* related issues and problems. But, the fight, if not the battle, against the *dadah* is far from over. The following Chapter will review of the main obstacles that still stall the prevention and control efforts.

NOTES.

① The key Ministers that are involved in *dadah* prevention and control are the Minister of Home Affairs, the Minister of Social Welfare, the Minister of Education, the Minister of Health, the Minister of Information, and the Minister of Youth and Sports. The Department Heads that constitute the rest of the Committee are from these Ministries and the central agencies such as the Treasury and the Public Services Department.

② Article 149(1)(f) reads as follows "...action has been taken or threatened by any substantial body of persons... which is prejudicial to public order in ... the Federation or any part thereof..."

③ The DDA, 1952 was amended in 1983 to make the death penalty mandatory for those who were charged under Section 39B. The amendment made to the Act in 1975 had provided for a sentence of life imprisonment and whipping, or the death penalty. An imprisonment for life as provided for under the Criminal Justice Ordinance, 1953 means imprisonment for only twenty years. Thus, a life sentence with whipping and the death penalty can not be considered as alternative sentences under the DDA, 1952. It can only be considered as an alternative sentence if life imprisonment meant the natural life of the individual and a minimum number of strokes for whipping were mandatory. This amendment provides for a uniform sentencing policy by the presiding Judges. The lack of uniformity is reflected in a judgement delivered by Raja (now Sultan) Azlan Shah, the Chief Justice of Malaya that reversed an earlier judgement (in the case of Loh Hock Seng & anor. V Public Prosecutor, 5 December 1979) (Malayan Law Journal, 1980). He said that:

"We would like to take this occasion to reaffirm expressly, unequivocally, and unanimously that where the case justifies it, judges should not develop a phobia against inflicting the death penalty".

The defendant in the said case had appealed against the sentence of life imprisonment imposed on him and for the first time, the sentence on appeal had been increased to one of death.